(1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028

Enforcement

If children are unsupervised during an off-site activity, cite R430-100-20(5)(c), not this rule.

If a classroom does not have a bathroom in or adjacent to it, children age 3 and older may be allowed to go to the bathroom by themselves, as long as the provider has and follows a written policy that includes the following:

- Only one child at a time from a classroom may be allowed to go to the bathroom by themselves.

 Another child cannot be allowed to leave to use the bathroom until the previous child has returned.
- The classroom caregiver must track the time each child is gone to use the bathroom, to make sure each child returns in a reasonable amount of time.
- Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.

Always Level 1 Noncompliance.

(2) Caregivers shall actively supervise children on the playground to minimize the risk of injury to a child.

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play with playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC, pgs. 58-59 Standard 2.028

Enforcement

Actively supervising children means the caregivers' attention should be focused on the children at all times, and not on personal interests (such as visiting with other caregivers, talking on a cell phone, text messaging, reading, etc.) or non-caregiving duties. Caregivers should also maintain awareness of the entire group even when interacting with small groups or individual children, and position themselves so that all children playing on the playground can be observed by a caregiver.

Always Level 1 Noncompliance.

(3) There shall be at least two caregivers with the children at all times when there are more than 8 children or more than 2 infants present.

Rationale / Explanation

The purpose of this rule is so that there will be a second caregiver available to respond to emergencies if needed, while the other caregiver supervises the children. CFOC, pgs. 3-5 Standard 1.002

Enforcement

Level 1 Noncompliance: If there are not at least 2 caregivers present and there are infants, toddlers, or preschoolers in the group, or over 20 school age children in the group.

Level 2 Noncompliance: If there are only school age children in the group, and there are 9-20 children with only one caregiver present.

- (4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 5 for single age groups of children.
- (5) A center constructed prior to 1 January 2004 which has been licensed and operated as a child care center continuously since 1 January 2004 is exempt from maximum group size requirements, if the required caregiver to child ratios are maintained, and the required square footage for each classroom is maintained.

Rationale / Explanation

An October 2005 legislative audit of the Bureau of Child Care Licensing examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states, and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.

The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC, pgs. 3-5 Standard 1.002

It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, pgs. 3-5 Standard 1.002

The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. CFOC, pgs. 3-5 Standard 1.002

<u>Age</u>	Staff to Child Ratio	Maximum Group Size
Birth – 12 months	1:3	6
13 – 30 months	1:4	8
31 – 35 months	1:5	10
3-year-olds	1:7	14

4- and 5-year-olds	1:8	16
6 – 8-year-olds	1:10	20
9 – 12-year-olds	1:12	24

Enforcement

A group with more than one caregiver may be temporarily out of ratios for brief periods of 15 minutes or less, if one caregiver leaves the room but remains in the center in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, helping a child in the bathroom, helping a child change soiled clothing, etc. (Examples of tasks **not** related to meeting the immediate needs of the children in the group include: doing laundry or other housekeeping duties, making personal phone calls, taking a work break, etc.) **However, when this is done, providers must always remember that no caregiver under the age of 18 can ever be left alone with children, even for brief periods of time.**

A center may exceed the required caregiver to child ratios for up to 45 minutes when circumstances beyond the licensee's control temporarily prevent the center from meeting the required ratios. In such emergency situations, centers should, whenever possible, ensure that the youngest age groups have first priority for meeting required caregiver to child ratios. Examples of circumstances beyond the licensee's control include caregivers not arriving for work at their scheduled time without giving adequate notice, or children arriving earlier than their normal time or departing later than their normal time.

If a center is out of ratio due to circumstances beyond their control, the licensor may make up to 2 additional unannounced follow-up visits at the same time of day, to determine if the situation was an isolated incident or a recurring pattern. Such follow-up visits shall be made at least a week after the date of the original incident. If two of the three times the center is within ratio, the situation will be considered an isolated incident. If two of the three times the center is out of ratio, the situation will be considered a recurring pattern. Or, the Bureau may accept satisfactory written proof that the situation was an isolated incident, such as caregiver time sheets, sign-in and sign-out sheets, etc.

In situations where the center has enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios, the situation will be considered a Level 3 noncompliance the first time the problem occurs.

Preschoolers and school age children may temporarily be in groups that exceed maximum group sizes for outdoor play and meal times, or if the center is having a special activity such as a puppet show, provided the required staff to child ratios are maintained.

If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.

Level 1 Noncompliance:

- Infant/toddler groups: over ratio by any amount
- Twos: over ratio by 2 or more children
- Threes & Fours: over ratio by 4 or more children
- Fives & School Age: over by 6 or more children

Level 2 Noncompliance:

- Twos: over ratio by 1 child
- Threes & Fours: over ratio by 3 children
- Fives & School Age: over ratio by 4-5 children

Level 3 Noncompliance:

- Threes & Fours: over ratio by 1-2 children
- Fives & School Age: over ratio by 1-3 children

TABLE 5 Minimum Caregiver to Child Ratios and Group Sizes					
Ages of Children	# of Caregivers	# of Children	Maximum Group Size		
Birth – 23 months	1	4	8		
2 years old	1	7	14		
3 years old	1	12	24		
4 years old	1	15	30		
5 years old & school age	1	20	40		

R430-100-11. SUPERVISION AND RATIOS.

- (6) Ratios and group sizes for mixed age groups are determined by averaging the ratios and group sizes of the ages represented in the group, with the following exception: if more than half of the group is composed of children in the youngest age group, the caregiver to child ratio and group size for the youngest age shall be maintained.
- (7) Table 6 represents the caregiver to child ratios and group size for common mixed age groups.

Rationale / Explanation

See Rationale / Explanation for subsection (4) above. CFOC, pgs. 3-5 Standard 1.002

Enforcement

If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.

The noncompliance levels are the same as in subsection (4) above, if more than half the group is composed of children in the youngest age group.

If more than half the group is not composed of children in the youngest age group, the following applies:

Level 1 Noncompliance:

- any group with infants or toddlers in it is over ratio by any amount
- 2s and 3s are over ratio by 3 or more children

- 3s and 4s are over ratio by 4 or more children
- 4s and 5s/SA are over ratio by 5 or more children
- 2s, 3s, and 4s are over ratio by 3 or more children
- 3s, 4s, and 5s/SA are over ratio by 5 or more children
- 2s. 3s. 4. and 5s/SA are over by 4 or more children

Level 2 Noncompliance:

- 2s and 3s are over ratio by 2 children
- 3s and 4s are over ratio by 3 children
- 4s and 5s/SA are over ratio by 4 children
- 2s, 3s, and 4s are over ratio by 2 children
- 3s, 4s, and 5s/SA are over ratio by 4 children
- 2s, 3s, 4s, and 5s/SA are over by 3 children

Level 3 Noncompliance:

- 2s and 3s are over ratio by 1 child
- 3s and 4s are over ratio by 1-2 children
- 4s and 5s/SA are over ratio by 1-3 children
- 2s, 3s, and 4s are over ratio by 1 child
- 3s, 4s, and 5s/SA are over ratio by 1-3 children
- 2s, 3s, 4s, and 5s/SA are over by 1-2 children

TABLE 6 Minimum Caregiver to Child Ratios and Group Sizes for Mixed Age Groups					
TWO MIXED AGES					
Ages of Children	# of Caregivers	# of Children	Maximum Group Size		
2 & 3 years	1	10	19		
3 & 4 years	1	14	27		
4 & 5 years & school age	1	18	35		
THREE MIXED AGES					
Ages of Children	# of Caregivers	# of Children	Maximum Group Size		
2, 3, & 4 years	1	11	23		
3, 4, & 5 years & school age	1	16	31		
FOUR MIXED AGES					
Ages of Children	# of Caregivers	# of Children	Maximum Group Size		
2, 3, 4 & 5 years & school age	1	13	27		

R430-100-11. SUPERVISION AND RATIOS.

(8) Infants and toddlers may be included in mixed age groups only when 8 or fewer children are present at the center.

Rationale / Explanation

Infants need quiet, calm environments, away from the stimulation of older children and other groups. Toddlers are relatively new at basic motor skills such as walking, climbing, and running, and have slower reaction times. Both infants and toddlers are smaller than older children. Because of these developmental differences, mixing infants or toddlers with older, larger, and more physically developed children places the infants and toddlers at increased risk for unintentional injuries, such as being run in to, being knocked down, being pushed, shoved, sat on, etc. CFOC, pg. 54 Standard 2.013; pg. 236 Standard 5.114

Separation of infants from older children and non-caregiving adults is also important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114

Enforcement

A center may apply for a variance to this rule, to mix toddlers and two-year-olds only, if the following conditions are met:

- 1. Mixed toddler/two groups must maintain a caregiver to child ratio of at least 1:5.
- 2. The group size for mixed toddler/two groups may not exceed 10 children.
- 3. If more than half of the mixed age group are toddlers, the toddler caregiver to child ratio of 1:4 and maximum group size of 8 children must be maintained.

If toddlers and two-year-olds are found mixed at a center, and the center has not received a variance allowing this, the provider will be informed of the availability of a variance and given 30 days to apply for it, rather than being cited. However, if they do not apply for the variance within 30 days, then they will be cited for having mixed toddlers and twos.

Level 1 Noncompliance: If infants are mixed with older children, or if toddlers are mixed with children over age 2.

Level 3 Noncompliance: If toddlers are mixed with twos, and the center does not have a variance allowing this.

(9) If more than 2 infants or toddlers are included in a mixed age group, there shall be at least 2 caregivers with the group.

Rationale / Explanation

The purpose of this rule is so that there will be enough adults present to evacuate all children in the group, including infants and toddlers who must be carried, in the event of an emergency. CFOC, pgs. 3-5 Standard 1.002

Enforcement

If there are more than 2 infants, in a mixed age group (which can only happen if there are 8 or fewer children present at the center), cite rule 11(3) above, not this rule.

If there are more than 2 toddlers in a mixed age group (which is allowed with a variance for rule 11(8) above), cite

this rule, 11(9).

Always Level 1 Noncompliance.

(10) During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.

Rationale / Explanation

Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. CFOC, pgs. 3-5 Standard 1.002; pgs. 58-59 Standard 2.028

Enforcement

This rule applies only to nap times. For example, it does not apply to TV or movie times, or other less active times that are not nap times.

Always Level 1 Noncompliance.

(11) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.

Rationale / Explanation

This rule was implemented to give center providers parity with the rules for licensed family child care providers. It is not a rule that will ever be cited. Rather, it will be used to determine if a provider is in compliance with the rules that specify what the required caregiver to child ratios are.